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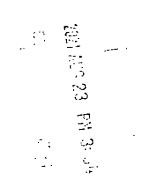
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## **COVER LETTER**

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

TO:

Division of Cor	porations		
	THE VOICES LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter		
	Verlance D. Echoles		
		Name of Person	
	WE ARE THE VOICES L	LC	
		Firm/Company	
	1950 NW 55 Street		
		Address	<del></del>
	Miami/Florida 33142		
	<del>.</del>	City/State and Zip Code	
	Verlancee@yahoo.com -	to be used for future annual report notifi	ant wy
For further information c	oncerning this matter, please c		Cattony
Verlance D. Echoles		786 4262577	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
☑ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WE ARE THE VOICES LLC

2021 AUG 23 PM 3: 31

(A Florid	da Limited Liability Company)	, 
The Articles of Organization for this Limited Liability lorida document number <u>L21000340885</u>	Company were filed on 07/28/2021	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" o	or the abbreviation "E.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	(RESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<del></del>
raning analysis string to the control of the control		
		£41
If amending the registered agent and/or register gent and/or the new registered office address here:		ie name of the new regi
Name of New Registered Agent:		**
New Registered Office Address:	D 01 11 11	
	Enter Florida street address	
	, Flor	ida Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	VERLANCE D. ECHOLES	1950 NW 55 Street MIAMLFLORIDA 33142	ÞAdd
			Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
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			□Remove
			□Change
			□Add
			□Remove
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			□Remove
			□Change

For banki	ing purposes I would	l like to add VER	RLANCE D. EC	HOLES to the AU	THORIZE PERS	ON(s) DETAIL
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Tective date	, if other than the	date of filing: _ t be specific and car	n <del>not</del> be prior to da	te of filing or more th	(optional) nan 90 days after fili	ng.) Pursuant to 605.0
	te inserted in this ble ective date on the De			statutory filing req	juirements, this di	te will not be liste
rd specific led.	es a delayed effective	e date, but not an	effective time,	at 12:01 a.m. on th	e earlier of: (b)	The 90th day after
<u>)</u>	8 18	· ¿	2021.			
	) J &	(E)	•	representative of a		

TTT - 635.00